

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

10/030750

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		2		1			54						
5		2		1			55						
6	1		1				56						
7		1		1			57						
8		2		1			58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		1		1			63						
14		1		1			64						
15		1		1			65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19	1		1				69						
20	1		1				70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		4											
TOTAL DEP.		22											
TOTAL CLAIMS		26											

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
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